



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466

Richard C. Dunn
Director



Bob Holden
Governor

Dear Applicant:

We are pleased to provide you with information necessary for the transfer of ownership and for the new owner to continue as a provider of services under the Medicare program as an Outpatient Physical Therapy (OPT) clinic. The Missouri Department of Health and Senior Services has an agreement with the U.S. Department of Health and Human Services to assist in determining whether Outpatient Physical Therapy clinics meet, and continue to meet, the Conditions of Participation.

To be eligible in the Medicare program and to qualify for Medicare payments, your agency must be in compliance with the requirements for reimbursement, including financial solvency, the requirements of Title VI of the Civil Rights Act of 1964 and the Medicare Conditions of Participation. In addition to the necessary forms and accompanying instructions, we are enclosing Medicare regulations covering all requirements of the Medicare program, including the standards, which must be met in regard to the care of patients and the principles of reimbursement for provider costs. You will need to contact one of the following fiscal intermediaries (FI) for completion of a Centers for Medicare and Medicaid Services (CMS) 855 form in order to be approved to receive Medicare reimbursement: Mutual of Omaha at 402/351-4998 or Tri-Span at 601/664-4399.

Their approval must be received before a change of ownership can be processed. Those institutions and agencies that are denied certification in the program will be sent notification, indicating the reason for denial and information about their rights to appeal the decision of ownership. When all requirements have been satisfied, both the Medicare and Medicaid program will be notified of the change. If you have questions regarding the capitalization requirements, please contact Tolla Anderson (Tri-Span) at 601/936-0105. This office has the option to conduct an on-site survey as a result of a change of ownership.

Enclosed is a copy of the Request to Establish Eligibility (CMS-1856) and instructions for completing the form. You will also find two (2) copies of the Assurance of Compliance (HHS-690), one (1) copy of the Disclosure of Ownership (CMS-1513) and the Health Insurance Agreement (CMS-1561), which your organization will be expected to enter into with the Department of Health and Human Services if you qualify for participation. If you wish to participate in the program, please complete and return all of the enclosed forms to our office.

Once it is determined that all requirements of Medicare and Civil Rights are met, the Health Insurance Benefits Agreement will be countersigned and one copy of the agreement will be returned to you along with a response from the regional office of CMS and your Medicare intermediary regarding any possible changes in your provider number or reimbursement information.

If operation of the agency is transferred to another owner, ownership group, or to a lessee, the agreement cannot be transferred. You are required to notify the Unit of Home Care and Rehabilitative Standards at the time you are planning a transfer.

Should you have any questions or if we can be of any assistance, contact me at 573/751-6336.

Additional information is available on our website at http://www.dhss.state.mo.us/Home_Health.

Sincerely,

Lisa Coots, R.N., Administrator
Unit of Home Care and
Rehabilitative Standards

Enclosures

www.dhss.state.mo.us

The Missouri Department of Health and Senior Services protects and promotes quality of life and health for all Missourians by developing and implementing programs and systems that provide: information and education, effective regulation and oversight, quality services, and surveillance of diseases and conditions.

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

